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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/526,125 TITLE OF INVENTION	06/15/2006 V: MUTANT FORMS O	F MENINGOCOCCAL A	Mariagrazia Pizza ADP-RIBOSYLATING T	OXIN	PAT	051728-US-PCT		2934
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE			DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055		02/02/2011
EXAMINER.		ART UNIT	CLASS-SUBCLASS	7				
RAGHU, GANAPATHIRAM		1652	424-190100	J				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O			2. For printing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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